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# **PRE-RETIREMENT**

## **Insurance Education**

# **2005**

**803-734-0678 / 1-888-260-9430**

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[www.eip.sc.gov](http://www.eip.sc.gov)

## **TERI Participants**

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**TERI participants must:**

- **Remain on active insurance until last day of permanent, full-time employment**
- **Complete NOE for retiree coverage within 31 days of last day of permanent, full-time employment**

[www.eip.sc.gov](http://www.eip.sc.gov)

## **Retiree Insurance Eligibility**

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### **State Funded Retirees**

- **Eligible to retire upon termination of employment**
- **Must have 10 years earned service with state insurance-covered entity\***
  - \* SCRS service purchase options such as non-qualified, federal, military, out-of-state and service with employers that do not participate in the state insurance program do not apply toward insurance eligibility requirements.
- **Last five years must have been consecutive in permanent, full-time position with state insurance-covered entity**

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## **Retiree Insurance Eligibility**

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### **State Funded Retirees**

- **If employment terminates before eligibility:**
  - **Must have 20 years earned service with a state insurance-covered entity\* (last five years consecutive in a permanent, full-time position), or**
  - **Must have 18 years of earned service before 1990 with a state insurance-covered entity\* and:**
    - ✓ **Return to work with a state insurance-covered entity**
    - ✓ **Enroll in health and dental**
    - ✓ **Work two consecutive years in a permanent, full-time position**

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## **Retiree Insurance Eligibility**

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### **Non-funded Retirees:**

#### **Age 55, 25 years of service (SCRS)**

- **Must have 10 years with a state insurance-covered entity\***
- **Last five years consecutive in a permanent, full-time position**
- **Must pay full cost until 60 or until 28 years of service would have been earned**

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## **Retiree Insurance Eligibility**

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### **Non-funded Retirees:**

- **Eligible to retire with five years, but less than 10**
- **Last five years consecutive in a permanent, full-time position with a state insurance covered entity\***
- **Retiree pays full premium for duration of retirement**

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## **Eligible Dependents**

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### **Spouse**

- Wedded or common-law spouse
- Ex-spouse by court order
- Spouse is not a state employee

### **Children**

- Unmarried
- Not employed with benefits
- Reside with parent
- Under age 19 or until 25 if full-time student
- Incapacitated child (requires documentation)

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## **Survivors**

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### **Health Insurance**

- Premium waived for one year for covered dependents of active employees or funded retirees (after premium waiver, survivors pay full premium costs) \*
- Spouse eligible unless he/she remarries
- Eligible children

\* Survivors of employees killed in the line of duty pay funded retiree premiums (local subdivisions may differ).

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## **Survivors**

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### **Dental Insurance**

- No premium waiver
- Survivor pays full costs\*
- Spouse eligible unless he/she remarries
- Eligible children

\*Survivors of employees killed in the line of duty pay funded retiree premiums (local subdivisions may differ).

[www.eip.sc.gov](http://www.eip.sc.gov)

## **Enrollment Periods**

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### **Annual Enrollment Period**

- Every October (Health plan carrier changes only)

### **Open Enrollment Period**

- Every October in a year ending in an odd number (2005, 2007)
- Add or drop coverage for self and/or eligible dependents

[www.eip.sc.gov](http://www.eip.sc.gov)

## **Turning 65 in Retirement**

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- **Notification by Social Security Administration three months before Medicare eligibility**
- **Notification by EIP three months before 65th birthday**
  - **Unless eligible for Medicare due to Social Security disability**
  - **If eligible due to Social Security disability, must notify EIP within 31 days of Medicare entitlement**

[www.eip.sc.gov](http://www.eip.sc.gov)

## **Age 65 + at Retirement**

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- **To apply for Medicare Part B (medical benefits), contact nearest Social Security Administration office no later than the month retirement begins**
- **Upon retirement, Medicare is primary health insurance**
- **Penalties may apply if you do not enroll in Medicare Part B when first eligible**

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# Medicare

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## Enroll under Part A and Part B

### Hospital Benefits (A):

- Deductible: \$912 per benefit period
- Premium free if enough work credits established

### Medical Benefits (B):

- Deductible: \$110 annually
- 2005 monthly premium: \$78.20
- Plan pays 80% of approved charges

Prescription drugs are not covered.  
Medicare does not provide coverage outside the United States.

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## Health Plan Options to Subscribers Who Are Medicare Eligible

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- Medicare Supplemental Plan
- Standard Plan (carve out)
- Companion HMO\*
- CIGNA HMO\*

\*Must live in service area to participate in HMO plans.

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## Secondary Options to Medicare Under SHP

(administered by BlueCross/BlueShield of SC)

### Medicare Supplemental

- Pays Medicare A deductible each benefit period (\$912)
- Pays Medicare B annual deductible (\$110)
- Pays remaining coinsurance up to 100% of Medicare's approved charges
- Prescription drug benefit
- No coverage outside U.S.

#### Example:

\$ 7,500 Hospital Bill  
- 912 (Medicare Supplemental Plan pays deductible)  
\$ 6,588 Medicare Pays  
\$ -0- You pay

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## Secondary Options to Medicare Under SHP

(administered by BlueCross/BlueShield of SC)

### Standard Plan with carve-out

- Annual deductible: \$350
- Calculates liability at 80%; subtracts Medicare payment; pays difference
- Prescription drug benefit
- Worldwide Coverage

\$7,500 Hospital Bill  
- 350 Standard Deductible  
\$7,150 Standard Liability  
X 80% Standard Co-Insurance  
\$5,720 Amount Standard would pay in the absence of Medicare  
-\$6,588 Amount paid by Medicare  
\$ -0- Standard plan pays nothing; you pay the lesser of 20% or balance of bill, whichever is less.

[www.eip.sc.gov](http://www.eip.sc.gov)



## **Health Plan Options to Subscribers who are not Medicare Eligible**

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### **Same as for active employees:**

- **SHP Savings Plan**
- **SHP Standard Plan**
- **Companion HMO\***
- **MUSC Options\***
- **CIGNA HMO\***
- **Tricare Supplement**

**\*Must live in service area to participate in  
HMO plans**

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## **Similarities Between Standard Plan and Health Savings Plan**

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- |                                  |  |
|----------------------------------|--|
| • <b>Network Providers</b>       | • <b>Rx Network Providers</b>                        |
| • <b>Out-of-Network Benefits</b> | • <b>Mental Health and Substance Abuse coverage</b>  |
| • <b>BlueCard Program</b>        | • <b>Medi-Call/APS Precertification Requirements</b> |
| • <b>Preventive Benefits</b>     |  |

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# State Health Plan

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## Savings Plan

- Annual Deductible
  - \$3,000 individual
  - \$6,000 family (no embedded deductible)
- Coinsurance In-Network:
  - Plan Pays 80%
  - You Pay 20%
- Out-of-Pocket Maximum
  - \$2,000 individual
  - \$4,000 family
- Coinsurance Out-of-Network:
  - Plan Pays 60%
  - You Pay 40%
- Out-of-Pocket Maximum
  - None

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# Health Savings Plan

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## Benefits

- No per-occurrence deductibles
- Reimbursement for annual flu shot
- Annual physical to include specific services
- Eligible to contribute to a Health Savings Account (HSA)

[www.eip.sc.gov](http://www.eip.sc.gov)

# **Health Savings Plan**

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## **Restrictions**

- **Cannot be enrolled in Medicare**
- **Chiropractic payments limited to \$500 per person (after deductible)**
- **No gastric bypass surgery**
- **Prescription exclusions:**
  - **Non-sedating antihistamines**
  - **Drugs for erectile dysfunction**

[www.eip.sc.gov](http://www.eip.sc.gov)

## **Facts About Health Savings Accounts**

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- **They are tax-sheltered investment accounts used to pay qualified medical expenses**
- **They are portable**
- **They allow you to carry money forward from year to year**
- **Distributions are tax-free if used for qualified medical expenses ([www.irs.gov](http://www.irs.gov))**

**Note: Used in conjunction with SHP Savings Plan only**

[www.eip.sc.gov](http://www.eip.sc.gov)

# State Health Plan

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## Standard Plan

- Annual Deductible
  - \$350 individual
  - \$700 family
- Coinsurance In-Network:
  - Plan Pays 80%
  - You Pay 20%
- Out-of-Pocket Maximum
  - \$2,000 individual
  - \$4,000 family
- Coinsurance Out-of-Network:
  - Plan Pays 60%
  - You Pay 40%
- Out-of-Pocket Maximum
  - \$4,000 individual
  - \$8,000 family

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# State Health Plan

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(per occurrence deductibles)

- \$125 per occurrence deductible per emergency room visit (waived if admitted)
- \$75 per occurrence deductible per outpatient service (exceptions apply)
- \$10 per physician visit deductible
- Per occurrence deductibles do not apply toward annual deductible or out-of-pocket maximum

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# **Drug Program**

(administered by Medco Health Solutions)

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- **Must use providers within Select Rx Network**
- **Show State Health Plan ID card**
- **Copayments (for up to 31-day supply)**
  - **\$10 generics**
  - **\$25 preferred brand names**
  - **\$40 non-preferred brand names**
- **No annual deductible**
- **Pay difference**

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# **Mail Service Drug Program**

(for up to 90-day supply)

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- **Generic: \$25**
- **Preferred brand name: \$62**
- **Non-preferred brand name: \$100**
- **Pay the difference**

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## **Drug Program**

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- **Co-payments do not apply toward (medical) annual deductible or out-of-pocket maximum**
- **Co-payments apply toward annual prescription out-of-pocket maximum of \$2,500 per person**

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## **HMOs**

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- **Companion HMO**
- **CIGNA HMO**
- **MUSC Options POS**

**Must live in service area to select an HMO or POS plan**

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## **Health Maintenance Organizations (Traditional)**

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- **Must choose primary care physician**
- **Referral required for most specialty care**
- **Must live or work in HMO service area**
- **Feature participating physicians, specialists, pharmacies, hospitals by service area**
- **Provide emergency service outside service area**
- **Contact HMO for detailed information**

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## **HMO with Point of Service (POS) Option**

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- **You must choose a primary care physician (PCP)**
- **A referral is required to higher level of benefits; self-referrals are also allowed**
- **You must live or work in the POS service area**
- **Out-of-network benefits are available at a lower benefits level**
- **Read POS materials carefully before making a health plan selection**

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## HMO Service Areas

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1 Anderson, Greenville, Oconee, Pickens	SHP, Companion HMO, CIGNA HMO
2 Cherokee, Spartanburg, Union	SHP, Companion-HMO, CIGNA HMO
3 Chester, Lancaster, York	SHP, Companion HMO, CIGNA HMO
4 Abbeville, Greenwood, Laurens, McCormick, Saluda	SHP, Companion HMO
5 Fairfield, Kershaw, Lexington, Newberry, Richland	SHP, Companion HMO, CIGNA HMO
6 Aiken, Barnwell, Edgefield	SHP, Companion HMO
7 Allendale, Bamberg, Calhoun, Orangeburg	SHP, Companion HMO, CIGNA HMO
8 Clarendon, Lee, Sumter	SHP, Companion HMO, CIGNA HMO
9 Chesterfield, Darlington, Dillon, Florence, Marion, Marlboro, Williamsburg	SHP, Companion HMO, CIGNA HMO
10 Georgetown, Horry	SHP, Companion HMO, CIGNA HMO
11 Berkeley, Charleston, Colleton, Dorchester	SHP, Companion HMO, CIGNA HMO, MUSC Options
12 Beaufort, Hampton, Jasper	SHP, Companion HMO, CIGNA HMO

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## TRICARE Supplement

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(administered by ASI)

- **Available to TRICARE eligible employees and retirees (and their eligible dependents) who are not Medicare eligible**
- **Provides TRICARE eligible subscribers added coverage that pays 100% of out-of-pocket costs, in most situations**
- **Provided at no cost to the funded subscriber**
- **Subscribers must waive SHP or HMO coverage**

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## **TRICARE Supplement**

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- May only change to/from TRICARE Supplement during annual enrollment or within 31 days of a special eligibility situation
- If changing from SHP or HMO to TRICARE Supplement, must notify TRICARE by completing required forms
- DEERS eligibility record must be current
- Upon enrollment, subscribers receive a packet from ASI:
  - Certificate of insurance
  - ID card
  - Claim forms
  - Filing instructions

[www.eip.sc.gov](http://www.eip.sc.gov)

## **State Dental Plan**

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(administered by BlueCross/BlueShield of SC)

- Choose any dentist
- No pre-existing condition limitations
- Open enrollment every two years
- \$1,000 annual maximum benefit
- Continues in retirement

[www.eip.sc.gov](http://www.eip.sc.gov)

# State Dental Plan

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## Classes of Coverage

### Class 1

Preventive services  
100% of fee  
schedule

### Class 3

Prosthetics 50%  
of fee schedule

### Class 2\*

Basic services  
80% of fee  
schedule

### Class 4\*

Orthodontia (limited  
to children under 19  
and \$1,000 lifetime  
maximum)

\*\$25 deductible for Classes 2 and 3

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# Dental Plus

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- Higher level of coverage for same services under State Dental Plan (except orthodontia)
- State Dental Plan and Dental Plus combined annual maximum benefit is \$1,500 for services in Classes 1-3
- Must be enrolled in State Dental Plan (with same coverage level)
- Open enrollment every two years
- Continues in retirement

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## **Basic Life**

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- **\$3,000 term life insurance**
- **For employees in any health plan**
- **Employer pays premium**
- **Double accidental death benefit**
- **Dismemberment benefits**
- **Ends at retirement, conversion available**

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## **Optional Life**

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(administered by The Hartford)

- **Ends at retirement (conversion available)**
- **Must file required enrollment form within 31 days of retirement date**
- **Will be billed by The Hartford**
- **Will be charged an administrative fee by The Hartford**
- **Can elect coverage in \$10,000 increments**
- **Optional Life portability (for retirees) ends at age 75\***

**\*Conversion available within 31 days**

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## **Dependent Life Spouse Coverage**

(administered by The Hartford)

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- **Eligible spouse can be covered:**
  - **For \$10,000 or \$20,000; or**
  - **Up to lesser of:**
    - ✓ **50% of employee's Optional Life coverage;**  
**or**
    - ✓ **\$100,000**
- **Premiums based on employee's age**
- **Accidental death and dismemberment benefits**
- **Dependent Life ends at retirement, conversion available**

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## **Dependent Life Child Coverage**

(administered by The Hartford)

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- **\$10,000 coverage**
- **\$1.32 per month, regardless of the number of children covered**
- **Only listed dependents covered**
- **Employee is beneficiary**
- **No double indemnity benefits**
- **Dependent Life ends at retirement, conversion available**

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## **Basic Long Term Disability**

(administered by Standard Insurance Co.)

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- **Available to employees in any health plan**
- **Employer pays premium**
- **Income taxable**
- **62.5% benefit for a maximum of \$800 per month**
- **Offset by employer-funded benefits**
- **90-day waiting period**
- **2-year occupational disability, then permanent disability**
- **Ends at retirement**

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## **Supplemental LTD**

(administered by Standard Insurance Co.)

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- **Premium based on monthly salary, age and plan**
- **Employee pays premium**
- **Income not taxable**
- **65% benefit of monthly salary up to \$8,000 maximum**
- **Offset by employer funded benefits**
- **Minimum benefit of \$100**
- **90-day or 180-day waiting period**
- **Ends at retirement, conversion available**

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# Long Term Care

(administered by Aetna)

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- **Provides benefits for custodial care for chronic, long-lasting diseases or disability, including Alzheimer's Disease**
- **Premiums based on age at time of purchase and selected daily benefit amount**
- **May continue when you retire or leave employment**

[www.eip.sc.gov](http://www.eip.sc.gov)

# Long Term Care

(administered by Aetna)

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## **Available to:**

- **Employee (must enroll within 31 days from date of hire; otherwise, medical underwriting required)**
- **Spouse, parents and parents-in-law of active employee (medical underwriting required)**
- **Retiree, spouse or surviving spouse (medical underwriting required)**

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# Long Term Care

(administered by Aetna)

Plan Model	Disability Model	Service Models
<b>Benefit trigger</b> Bathing, dressing, eating, toileting, transferring, continence, and/or severe cognitive impairment	3 out of 6	2 out of 6
<b>Expenses Covered</b>	Nursing home – 100% Assisted living – 50% Home health care – 50%	Nursing home – 100% Assisted living - 100% Home health care – 50% or 100%
<b>Spousal Premium Discount</b>	N/A	10% for both employee/retiree and spouse

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# Long Term Care

## Disability plan

- Cash benefit regardless of expenses incurred
- \$50 - \$250 Daily Benefit Amount (DBA) options
- Can purchase additional coverage while receiving benefits
- Restoration of benefits

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## **Long Term Care**

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### **Service Reimbursement Plans**

- Reimbursements for defined set of covered services
- \$50 - \$350 DBA options
- Choice of either 50% or 100% Home Care Benefit
- Can purchase additional coverage while receiving benefits
- Restoration of benefits

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## **Vision Care Program**

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- Discount program
- \$60 for routine eye exam
- 20% discount on eyewear except disposable contacts
- Does not cover additional charges for contact lens exam

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## **Vision Care Program**

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- **Discounts available at participating ophthalmologists, optometrists and opticians**
- **Available to full-time and part-time employees, retirees, subscribers, and COBRA subscribers and their eligible dependents**
- **Do not have to be enrolled in a health plan**

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## **MoneyPlu\$**

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(administered by Fringe Benefits Management Company)

- **Available to active employees**
- **More spendable income**
- **Pre-tax Health, Dental, Dental Plus and Optional Life premiums (up to \$50,000)**
  - **\$ .12 per month fee**
- **Medical Spending Account**
  - **\$5,000 maximum**
  - **\$2.50 per month fee**
- **Dependent Care Account**
  - **\$5,000 maximum**
  - **\$2.50 per month fee**

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# MoneyPlu\$

(administered by Fringe Benefits Management Company)

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- **Plan retirement year deductions carefully**
- **Let benefits office know to withhold MoneyPlu\$ deductions only through retirement date if retiring during the year**
- **Not available in retirement**

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## Benefits You Can Take Into Retirement

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- **Health and dental insurance**
- **Basic \$3,000 life (conversion)**
- **Optional life insurance (conversion or portability)**
- **Dependent life insurance (conversion)**
- **Supplemental Long Term Disability (conversion)**
- **Long Term Care insurance**
- **Vision Care program**

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## **Important Things to Remember**

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**You are responsible for your benefits**

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**Enrollment is not automatic**

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**Enroll within 31 days of retirement, TERI  
end date or disability approval**

.

**Make changes within  
31 days of event**

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## **Insurance Benefits Guide**

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**The information in this overview is not meant to serve as a comprehensive description of the benefits offered by the Employee Insurance Program. Please consult your Insurance Benefits Guide and literature from the various HMOs offered in your service area for additional information.**

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# Premiums

2005 RETIREE INSURANCE RATES (Employer-Funded Benefits)										
RETIREE ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	78.74	86.74	101.58	97.8	N/A	N/A	0	17.5	
SUBSCRIBER/SPOUSE	N/A	210.44	246.44	309.24	298.66	N/A	N/A	7.64	33.14	
SUBSCRIBER/CHILD	N/A	127.74	145.74	226.36	216.36	N/A	N/A	13.72	36.16	
FULL FAMILY	N/A	259.44	295.44	464	445.34	N/A	N/A	21.34	51.8	
RETIREE ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	17.5	
SUBSCRIBER/SPOUSE	N/A	222.78	240.78	309.24	298.66	N/A	N/A	7.64	33.14	
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13.72	36.16	
FULL FAMILY	N/A	271.78	289.78	464	445.34	N/A	N/A	21.34	51.8	
RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	17.5	
SUBSCRIBER/SPOUSE	72.56	225.16	243.16	309.24	298.66	288.4	N/A	7.64	33.14	
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13.72	36.16	
FULL FAMILY	108.56	274.16	292.16	464	445.34	374	N/A	21.34	51.8	
RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	9.28	93.46	N/A	101.58	97.8	99.02	0	0	17.5	
SUBSCRIBER/SPOUSE	72.56	237.5	N/A	309.24	298.66	288.4	0	7.64	33.14	
SUBSCRIBER/CHILD	20.28	142.46	N/A	226.36	216.36	190.34	0	13.72	36.16	
FULL FAMILY	108.56	294.58	N/A	464	445.34	374	0	21.34	51.8	
RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE ONE OR MORE CHILDREN ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	17.5	
SUBSCRIBER/SPOUSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7.64	33.14	
SUBSCRIBER/CHILD	20.28	142.46	160.46	226.36	216.36	190.34	N/A	13.72	36.16	
FULL FAMILY	108.56	294.58	312.58	464	445.34	374	N/A	21.34	51.8	

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# Premiums

2005 RETIREE INSURANCE RATES (Without Employer-Funded Benefits)										
RETIREE ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	300.32	318.32	323.16	319.36	N/A	N/A	11.71	17.5	
SUBSCRIBER/SPOUSE	N/A	642.04	678.04	740.84	728.26	N/A	N/A	19.35	33.14	
SUBSCRIBER/CHILD	N/A	440.34	458.34	538.96	528.96	N/A	N/A	25.43	36.16	
FULL FAMILY	N/A	762.9	798.9	967.46	948.8	N/A	N/A	33.05	51.8	
RETIREE ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.71	17.5	
SUBSCRIBER/SPOUSE	N/A	654.38	672.38	740.84	728.26	N/A	N/A	19.35	33.14	
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25.43	36.16	
FULL FAMILY	N/A	775.24	793.24	967.46	948.8	N/A	N/A	33.05	51.8	
RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.71	17.5	
SUBSCRIBER/SPOUSE	504.16	656.76	674.76	740.84	728.26	720	N/A	19.35	33.14	
SUBSCRIBER/CHILD	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25.43	36.16	
FULL FAMILY	612.02	777.82	795.82	967.46	948.8	877.46	N/A	33.05	51.8	
RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	230.96	316.04	N/A	323.16	319.36	320.8	63.5	11.71	17.5	
SUBSCRIBER/SPOUSE	504.16	665.1	N/A	740.84	728.26	720	122.5	19.35	33.14	
SUBSCRIBER/CHILD	332.88	455.06	N/A	538.96	528.96	502.04	122.5	25.43	36.16	
FULL FAMILY	612.02	798.04	N/A	967.46	948.8	877.46	163.5	33.05	51.8	
RETIREE NOT ELIGIBLE FOR MEDICARE SPOUSE NOT ELIGIBLE FOR MEDICARE ONE OR MORE CHILDREN ELIGIBLE FOR MEDICARE										
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANION	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS	
SUBSCRIBER ONLY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.71	17.5	
SUBSCRIBER/SPOUSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	19.35	33.14	
SUBSCRIBER/CHILD	332.88	455.06	473.06	538.96	528.96	502.04	N/A	25.43	36.16	
FULL FAMILY	612.02	798.04	816.04	967.46	948.8	877.46	N/A	33.05	51.8	

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# Premiums

2005 SURVIVOR INSURANCE RATES (Without Employer-Funded Benefits)									
SPOUSE ELIGIBLE FOR MEDICARE CHILDREN ELIGIBLE FOR MEDICARE									
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	N/A	300.32	318.32	323.16	319.38	N/A	N/A	11.71	17.5
SURVIVOR SPOUSE AND CHILDREN	N/A	440.34	476.34	538.96	528.96	N/A	N/A	25.43	36.16
SURVIVOR CHILDREN ONLY	N/A	140.02	158.02**	215.8	209.58	N/A	N/A	13.72	18.66
SPOUSE ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE									
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	N/A	300.32	318.32	323.16	319.38	N/A	N/A	11.71	17.5
SURVIVOR SPOUSE AND CHILDREN	N/A	440.34	458.34	538.96	528.96	N/A	N/A	25.43	36.16
SURVIVOR CHILDREN ONLY	102.02	140.02	N/A	215.8	209.58	182.34	N/A	13.72	18.66
SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN ELIGIBLE FOR MEDICARE									
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	230.86	315.04	N/A	323.16	319.38	320.6	N/A	11.71	17.5
SURVIVOR SPOUSE AND CHILDREN	332.88	455.06	473.06**	538.96	528.96	502.94	N/A	25.43	36.16
SURVIVOR CHILDREN ONLY	N/A	140.02	158.02**	215.8	209.58	N/A	N/A	13.72	18.66
SPOUSE NOT ELIGIBLE FOR MEDICARE CHILDREN NOT ELIGIBLE FOR MEDICARE									
COVERAGE LEVEL	SAVINGS	STANDARD	MEDICARE SUPP	COMPANI	CIGNA	MUSC	TRICARE SUPP	DENTAL	DENTAL PLUS
SURVIVOR SPOUSE ONLY	230.86	315.04	N/A	323.16	319.38	320.6	63.5	11.71	17.5
SURVIVOR SPOUSE AND CHILDREN	332.88	455.06	N/A	538.96	528.96	502.94	122.5	25.43	36.16
ONLSURVIVOR CHILDREN ONLY	102.02	140.02	N/A	215.8	209.58	182.34	63.5	13.72	18.66

\*\*THIS PREMIUM APPLIES ONLY IF ONE OR MORE CHILDREN ARE ELIGIBLE FOR MEDICARE.

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2005 Optional Life Portability Insurance Rates*												
Coverage	< 35	35-39	40-44	45-49	50-54	55-59	60-64	65-69	Coverage	Age	70-74	75-79
\$10,000	50.72	50.84	51.34	51.84	52.88	54.50	56.90	60.30	66.50	100.80	100.80	100.80
20,000	1.44	1.68	2.68	3.72	5.76	7.16	9.16	13.16	20.6	13.000	21.62	21.62
30,000	2.14	2.52	4.02	5.58	8.64	10.56	13.5	20.7	30.8	19.500	32.46	32.46
40,000	2.88	3.36	5.36	7.44	11.52	14.16	17.6	27.2	41.2	26.000	43.26	43.26
50,000	3.6	4.2	6.7	9.3	14.4	17.5	21.5	34.5	51.5	32.500	54.08	54.08
60,000	4.32	5.04	8.04	11.16	17.28	21	25.8	41.8	61.8	39.000	64.9	64.9
70,000	5.04	5.88	9.36	13.02	20.16	24.3	29.5	48.3	72.1	45.500	75.7	75.7
80,000	5.76	6.72	10.72	14.88	23.04	28	33.2	55.2	82.4	52.000	86.54	86.54
90,000	6.48	7.56	12.06	16.74	25.92	30.5	36.1	62.1	92.7	58.500	97.35	97.35
100,000	7.2	8.4	13.4	18.6	28.8	33.6	39.1	69	103	65.000	108.16	108.16
110,000	7.92	9.24	14.76	20.46	31.68	36.5	42.1	75.9	113.3	71.500	118.96	118.96
120,000	8.64	10.08	16.08	22.32	34.56	39.4	45.1	82.8	123.6	78.000	129.76	129.76
130,000	9.36	10.92	17.42	24.18	37.44	42.3	48.1	89.7	133.9	84.500	140.56	140.56
140,000	10.08	11.76	18.76	26.04	40.32	45.2	51.1	96.6	144.2	91.000	151.36	151.36
150,000	10.8	12.6	20.1	27.9	43.2	48.1	54.1	103.5	154.5	97.500	162.16	162.16
160,000	11.52	13.44	21.44	29.76	46.08	51	57.1	110.4	164.8	104.000	172.96	172.96
170,000	12.24	14.28	22.78	31.62	48.96	53.9	60.1	117.3	175.1	110.500	183.76	183.76
180,000	12.96	15.12	24.12	33.48	51.84	56.8	63.1	124.2	185.4	117.000	194.56	194.56
190,000	13.68	15.96	25.46	35.34	54.72	59.7	66.1	131.1	195.7	123.500	205.36	205.36
200,000	14.4	16.8	26.8	37.2	57.6	62.6	69.1	138	206	130.000	216.16	216.16
210,000	15.12	17.64	28.14	39.06	60.48	65.5	72.1	144.9	216.3	136.500	227.16	227.16
220,000	15.84	18.48	29.48	40.92	63.36	68.4	75.1	151.8	226.6	143.000	237.96	237.96
230,000	16.56	19.32	30.82	42.78	66.24	71.3	78.1	158.7	236.9	149.500	248.76	248.76
240,000	17.28	20.16	32.16	44.64	69.12	74.2	81.1	165.6	247.2	156.000	259.56	259.56
250,000	18	21	33.5	46.5	72	77.1	84.1	172.5	257.5	162.500	270.36	270.36
260,000	18.72	21.84	34.84	48.36	74.88	80	87.1	179.4	267.8	169.000	281.16	281.16
270,000	19.44	22.68	36.18	50.22	77.76	82.9	90.1	186.3	278.1	175.500	292.02	292.02
280,000	20.16	23.52	37.52	52.08	80.64	85.8	93.1	193.2	288.4	182.000	302.82	302.82
290,000	20.88	24.36	38.86	53.94	83.52	88.7	96.1	200.1	298.7	188.500	313.62	313.62
300,000	21.6	25.2	40.2	55.8	86.4	91.6	99.1	207	309	195.000	324.42	324.42
310,000	22.32	26.04	41.54	57.66	89.28	94.5	102.1	213.9	319.3	201.500	335.22	335.22
320,000	23.04	26.88	42.88	59.52	92.16	97.4	105.1	220.8	329.6	208.000	346.02	346.02
330,000	23.76	27.72	44.22	61.38	95.04	100.3	108.1	227.7	339.9	214.500	356.82	356.82
340,000	24.48	28.56	45.56	63.24	97.92	103.2	111.1	234.6	350.2	221.000	367.62	367.62
350,000	25.2	29.4	46.86	65.1	100.8	106.1	114.1	241.5	360.5	227.500	378.42	378.42
360,000	25.92	30.24	48.24	66.96	103.68	109	117.1	248.4	370.8	234.000	389.22	389.22
370,000	26.64	31.08	49.58	68.82	106.56	111.9	120.1	255.3	381.1	240.500	400.02	400.02
380,000	27.36	31.92	50.92	70.68	109.44	114.8	123.1	262.2	391.4	247.000	410.82	410.82
390,000	28.08	32.76	52.26	72.54	112.32	117.7	126.1	269.1	401.7	253.500	421.62	421.62
400,000	28.8	33.6	53.6	74.4	115.2	120.6	129.1	276	412	260.000	432.42	432.42
410,000	29.52	34.44	54.94	76.26	118.08	123.5	132.1	282.9	422.3	266.500	443.22	443.22
420,000	30.24	35.28	56.28	78.12	120.96	126.4	135.1	289.8	432.6	273.000	454.02	454.02
430,000	30.96	36.12	57.62	79.98	123.84	129.3	138.1	296.7	442.9	279.500	464.82	464.82
440,000	31.68	36.96	58.96	81.84	126.72	132.2	141.1	303.6	453.2	286.000	475.62	475.62
450,000	32.4	37.8	60.3	83.7	129.6	135.1	144.1	310.5	463.5	292.500	486.42	486.42
460,000	33.12	38.64	61.64	85.56	132.48	138	147.1	317.4	473.8	299.000	497.22	497.22
470,000	33.84	39.48	62.98	87.42	135.36	140.9	150.1	324.3	484.1	305.500	508.02	508.02
480,000	34.56	40.32	64.32	89.28	138.24	143.8	153.1	331.2	494.4	312.000	518.82	518.82
490,000	35.28	41.16	65.66	91.14	141.12	146.7	156.1	338.1	504.7	318.500	529.62	529.62
500,000	36	42	67	93	144	149.6	159.1	345	515	325.000	540.42	540.42

\*You may elect to pay The Hartford quarterly, semi-annually or annually. A \$5 administration fee, per billing, will apply.

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